



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
YOUTH COMMUNITY CORRECTIONS**

**YOUTH COURT NOTIFICATION OF INDEPENDENT LIVING**

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**TO:** \_\_\_\_\_ *Judicial District/* \_\_\_\_\_ *County*

**FROM:** \_\_\_\_\_, **Juvenile Parole Officer**

**Region** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RE:** \_\_\_\_\_

(Youth's Name)

**Cause #:** \_\_\_\_\_

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Please be advised that the Department of Corrections, Youth Services Division has determined that \_\_\_\_\_ has met the  
\_\_\_\_\_ (Youth's Name)  
conditions outlined in procedure YCC 60-14 for placement on Independent Living.

\_\_\_\_\_ will be expected to abide by all juvenile  
\_\_\_\_\_ (Youth's Name)  
parole conditions and special requirements outlined in the independent living procedure.

\_\_\_\_\_ has/have been consulted and has/have  
\_\_\_\_\_ [Parent(s) / Guardian(s) Name(s)]  
approved this placement.

If you have any questions or concerns regarding this placement, please contact me.

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\_\_\_\_\_  
*Juvenile Parole Officer(s) Signature(s)*

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\_\_\_\_\_  
*Date*

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